Request for Drug Coverage

Medical Benefit (Physician Administered):

The Department of Vermont Health Access (DVHA) medical benefit coverage reviews are performed semi-annually, when new J-codes are released. In addition, coverage reviews can be initiated with receipt of a written prior authorization (PA) request from a Vermont Medicaid enrolled prescribing provider for a Vermont Medicaid beneficiary. We do not review for coverage of drugs upon the request of a manufacturer, a manufacturer's representative, a pharmacy, or other third parties.

Pharmacy Benefit (Community Pharmacy):

Pharmacy benefit coverage reviews are presented to the Drug Utilization Review (DUR) Board approximately six months post launch in order to allow time for post marketing experience. All new drugs and dosage forms in managed categories, as well as in previously unmanaged categories or new categories when the new drug presents significant safety, utilization or cost concerns, are reviewed by the Board. Drugs in unmanaged categories will require PA for the first six months of market release after which time they will process without PA unless clinical or safety concerns become evident during the first six months of monitoring.

A drug that is allowed to process in either the pharmacy or medical benefit will have the same PA criteria in both benefits.

Refer to the Preferred Drug List (pharmacy benefit) and/or the Fee Schedule (medical benefit) on the DVHA website for information on the coverage of drugs. If a drug has been on the market for less than six (6) months post launch (not post-FDA approval) it requires a PA under our "New to Market" criteria which generally requires that other drugs available for the same indication have been trialed or there is a contraindication to such trial.

Questions about these policies can be directed to DVHA:

- Clinical Operations Unit: (802) 879-5903
- Pharmacy Unit: (802) 879-5912